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County of San Bernardino • Department of Public Health
DIVISION OF ENVIRONMENTAL HEALTH SERVICES

385 N. Arrowhead Ave., 2nd floor
San Bernardino, CA 92415-0160

PROJECT ACOUSTICAL INFORMATION

The following information is needed in order to reach a determination on whether an acoustical analysis will or will not be required for this project. The information is presented in a check off list format to assist you in providing all of the information necessary for an adequate review. Please include your name and daytime phone number in case any additional information is needed. If you have any questions, please contact DEHS at (909) 387-4666.

- ☐ 1. Describe the project with emphasis on all aspects of the project that may generate noise. Include potential noise sources, times of day noises may occur, duration, if noises are restricted to indoor or outdoor areas and if there are plans to change the size or intensity of operations.
- ☐ 2. Zoning and current land uses of the properties to the north, south, east and west.
- ☐ 3. Distances to the adjacent property lines from the adjacent or onsite noise source.
- ☐ 4. Is the noise a fixed source (business, machinery, etc.) or a mobile source (roadway, rail line, etc.)?
- ☐ 5. Are there any structures or other obstacles that may aid in reducing the noise exposure?
- ☐ 6. Provide an area map (copy of Thomas Guide page or other map noting the location of the facility).
- ☐ 7. Provide a facility map (hand drawn is adequate) noting the information in questions 2, 3, 4, and 5.

APN #: _____

TPM or TT # If available: _____

Project Name: _____

Applicant: _____

File Index #: _____

Phone #: _____

Signature: _____

Date: _____

Water • Wastewater • Land Use
PROGRAM
(909) 387-4666